

POLICE DEPARTMENT
500 North Cass Avenue, Westmont, Illinois 60559-1503



Main: 630-981-6300 Records: 630-981-6303 Investigations: 630-981-6302 Administration: 630-981-6363 westmont.il.gov | police@westmont.il.gov

## **VACATION WATCH REQUEST FORM**

Last Nam	ne	First Name	Middle Name/Init.	<u>P</u> 1	rimary Phone
					( )
Address				Sec	ondary Phone
				( <u>Max</u>	<u>ximum Eight 8 Weeks</u> )
Date Leaving			Date Returning		
Cars in D	Priveway			Animals	on premise
Make	Model	Color	License Plate	# and Typ	pe
Make	Model	Color	License Plate		
Lights lef	ft on inside or ou	tside? □ Yes □ 1	No (If yes, please specify	which light	ts)
	cy contact/key h		cify what time the lights w	THE COINCE OF	and go on)
Name		Address	Home	e Phone	Cell Phone
Will the r	residence be occu	ipied? □ Yes □ 1	No (If yes, by whom, and	when?)	
	(Un	less otherwise appro	oved by the Chief of Police	e or designe	ee)
rather as a n	neans of notification	if necessary. For your s	e as a guarantee for the safety a afety and the safety of our office a above and all the information	ers, please no	otify us <u>immediately</u> upon
Signature			Date		
Received	by		Approved by		
Date Cano	celed		Canceled by		
	Canceled by	✓ □ Resident in Per	rson   Resident by Tel	ephone [	☐ Expired

## To Be Completed By Officer

Date	Time	Officer	Date	Time	Officer				
Officer Comments: (Unusual Circumstances, Burglary, Vandalism, Security Concerns, etc.									